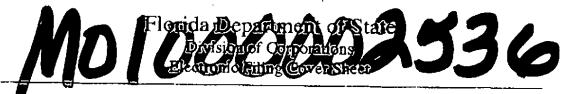
Division of Corporations



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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

Fax Number : (561)694-1639

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## LLC REGISTERED AGENT CHANGE BRIDGESTONE AMERICAS TIRE OPERATIONS, LLC

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O SIMMONS WAY 15 2019

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of

1. N	ame of the limited liability company: Bridgestone	e Americas Tire C	Operations, LLC	
2. (a)	200 4TH AVE. S SUITE 100	(b) 200 4TH AVE. S SUITE 100		
	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	NASHVILLE, TN 37201	NASH'	VILLE, TN 37201	
	11/09/2001		0002536	
3. <b>5.</b> (a)	Date of filing/registration in Florida NRAI SERVICES, INC	4.	Document number	
,	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road  Registered Office Address (MUST BE FLORIDA STREET)		ate:	
	Plantation	33324	-	
<b>(b)</b>	United Agent Group Inc.		一	
(17)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:		
	11380 Prosperity Farms Road #221E			
	NEW Registered Office Address:		0	
	Palm Beach Gardens, Fi	L <sup>33410</sup>		
agent w was/wei	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited limited by an affirmative vote of the members eles of organization or the operating agreement of the	It the registered officiability company, it is of the limited liability corrections to the limited liability corrections.	to and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in uppany.	
Signatu	are of a member or authorized representative of a member	Carlos M Alv	/arez, Attorney-in-Fact	
l hereb provisió the oblig to merel	y accept the appointment as registered agent and agents of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to act in this cap performance of my ed for in Chapier 60: hereby confirm that	Printed or typed name of signce the carrier of the printer of the comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
-	Carlos M. Alvar	rez, Special Secreta		
⊃i&uam.e	of Registered Agent	_		
	Division of Corporations P.O. FILING F	Box 6327• Tullaha: EE: \$25.00	99ee, FL 32314	